

GENERAL FACT SHEET

BILL NUMBER 11R-85

BRIEF TITLE	APPROVAL DEADLINE	REASON
StarTran Brokerage Services, Bid 11-015		Multiple Year Contract - 2 years

DETAILS

POSITIONS/RECOMMENDATIONS

<p>Resolution for Transport Plus to provide StarTran Brokerage Services as per Bid No. 11-015 for two (2) years beginning at the execution of the contract. This service is to supplement StarTran paratransit operations in order to meet applicable ADA requirements. The estimated cost is \$481,700.00/year for a total of \$963,400.00 for the two (2) year period.</p>	Sponsor	Purchasing
	Program Departments, or Groups Affected	Public Works & Utilities - StarTran
	Applicants/ Proponents	Applicant: Purchasing City Department: Other
<p>Discussion (Including Relationship to other Council Actions)</p>	Opponents	Groups or Individuals Basis of Opposition
	Staff Recommend.	<input type="checkbox"/> For <input type="checkbox"/> Against Reason Against
	Board or Commission Recommend.	BY <input type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> No Action Taken <input type="checkbox"/> For with revisions or conditions (See Details column for conditions)
	CITY COUNCIL ACTIONS (For Council Use Only)	<input type="checkbox"/> Pass <input type="checkbox"/> Pass (As Amended) <input type="checkbox"/> Council Sub. <input type="checkbox"/> Without Recommendation <input type="checkbox"/> Hold <input type="checkbox"/> Do not Pass

DETAILS

POLICY/PROGRAM IMPACT

Resolution for Transport Plus to provide StarTran Brokerage Services as per Bid No. 11-015 for two (2) years beginning at the execution of the contract. This service is to supplement StarTran paratransit operations in order to meet applicable ADA requirements. The estimated cost is \$481,700.00/year for a total of \$963,400.00 for the two (2) year period.

POLICY OR PROGRAM CHANGE

NO YES

OPERATIONAL IMPACT ASSESSMENT

FINANCES

COST AND REVENUE PROJECTIONS

COST of total project: \$
 COST of this Ordinance/Resolution \$

RELATED annual operating Costs \$

INCREASE REVENUE EXPECTED/YEAR \$

SOURCE OF FUNDS

CITY [Approximately]
 \$ _____ %

\$ _____ %

\$ _____ %

NON CITY [Approximately]
 \$ _____ %

\$ _____ %

\$ _____ %

BENEFIT COST

Front Foot Assessment

Average

Square Foot

\$ _____ \$ _____

APPLICABLE DATES:

FACT SHEET PREPARED BY:

REVIEW BY:

REFERENCE NUMBER